## 2005 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** May 02, 2005 08:00 AN **DOCUMENT # L01000012056 Secretary of State** 1. Entity Name M.K. KENNEDY & DAUGHTERS, LLC Principal Place of Business Mailing Address 4992 TUCUMCARI TRAIL PO BOX 17007 SARASOTA, FL 34241 SARASOTA, FL 34276 03012005No Chg-LLC GR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1123294 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENNEDY, MILLICENT DO NOT WRITE 4992 TUCUMCARI TRAIL SARASOTA, FL 34276 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 - MANAGING MEMBERS/MANAGERS 9. MGRM me KENNEDY, MILLICENT NAME PO BOX 17007 STREET ADDRESS SARASOTA, FL 34276 CITY-ST-ZIP TILE U00000358561 n5/n4/n5-80117-023 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NALIF

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP